

## A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Andrew Kuhlmann

6182541127

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

LAKINCHAPMAN, LLC

300 EVANS AVE.

WOOD RIVER IL 62095

**DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 05:20 PM 05/27/2009  
INITIAL FILING # 2009 1672895**

SRV: 090537251

## 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
**GENERAL MOTORS CORPORATION**

OR

|   |  |             |                      |
|---|--|-------------|----------------------|
| 1b. INDIVIDUAL'S LAST NAME                | FIRST NAME                             | MIDDLE NAME | SUFFIX               |
| 1c. MAILING ADDRESS<br>1209 ORANGE STREET | CITY<br>WILMINGTON                     | STATE<br>DE | POSTAL CODE<br>19801 |
| 1e. TYPE OF ORGANIZATION<br>CORPORATION   | 1f. JURISDICTION OF ORGANIZATION<br>DE |             |                      |

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

|                            |                                  |             |             |
|----------------------------|----------------------------------|-------------|-------------|
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAME                       | MIDDLE NAME | SUFFIX      |
| 2c. MAILING ADDRESS        | CITY                             | STATE       | POSTAL CODE |
| 2e. TYPE OF ORGANIZATION   | 2f. JURISDICTION OF ORGANIZATION |             |             |

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**LAKINCHAPMAN, LLC**

OR

|                                      |                    |             |                      |
|--------------------------------------|--------------------|-------------|----------------------|
| 3b. INDIVIDUAL'S LAST NAME           | FIRST NAME         | MIDDLE NAME | SUFFIX               |
| 3c. MAILING ADDRESS<br>300 EVANS AVE | CITY<br>WOOD RIVER | STATE<br>IL | POSTAL CODE<br>62095 |

## 4. This FINANCING STATEMENT covers the following collateral:

**All assets of Debtor.**

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum  If applicable 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE]  optional  All Debtors  Debtor 1  Debtor 2

## 8. OPTIONAL FILER REFERENCE DATA

07-0158

**UCC FINANCING STATEMENT ADDENDUM - ~~secured parties~~**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME  
GENERAL MOTORS CORPORATION

OR  
9b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME,SUFFIX

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|   |                              |                    |                             |                      |
|---|------------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>EVANS</b> | FIRST NAME<br><b>VALERIE</b> | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>1349 COLUMBUS</b>      | CITY<br><b>ST. LOUIS</b>     | STATE<br><b>MO</b> | POSTAL CODE<br><b>63138</b> | COUNTRY<br><b>US</b> |

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|  |                                |                    |                             |                      |
|--|--------------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>OZARWORSKI</b> | FIRST NAME<br><b>STANLEY</b>   | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>1106 HILLCREST AVE</b>      | CITY<br><b>FOX RIVER GROVE</b> | STATE<br><b>IL</b> | POSTAL CODE<br><b>60021</b> | COUNTRY<br><b>US</b> |

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|   |                              |                    |                             |                      |
|---|------------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>BROWN</b> | FIRST NAME<br><b>NICHOLE</b> | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>6551 ROAD 44</b>       | CITY<br><b>BAYARD</b>        | STATE<br><b>NE</b> | POSTAL CODE<br><b>69334</b> | COUNTRY<br><b>US</b> |

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|  |                             |                    |                             |                      |
|--|-----------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>CASTILLO</b> | FIRST NAME<br><b>KELLY</b>  | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>18660 TURTLE LANE</b>     | CITY<br><b>MEADOW VISTA</b> | STATE<br><b>CA</b> | POSTAL CODE<br><b>95722</b> | COUNTRY<br><b>US</b> |

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|   |                            |                    |                             |                      |
|---|----------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>SANTI</b>         | FIRST NAME<br><b>DONNA</b> | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>1157 IRONWOOD CT. APT. 203</b> | CITY<br><b>RODCHESTER</b>  | STATE<br><b>MI</b> | POSTAL CODE<br><b>48307</b> | COUNTRY<br><b>US</b> |

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|  |                             |                    |                             |                      |
|--|-----------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>DIGIANDOMENICO</b> | FIRST NAME<br><b>BRENDA</b> | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>5211 LEWISSETTA RD.</b>         | CITY<br><b>LOTTSBURG</b>    | STATE<br><b>VA</b> | POSTAL CODE<br><b>22511</b> | COUNTRY<br><b>US</b> |

12.  ADDITIONAL SECURED PARTY'S  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

|   |                              |                    |                             |                      |
|---|------------------------------|--------------------|-----------------------------|----------------------|
| OR<br>12b. INDIVIDUAL'S LAST NAME<br><b>ALLEN</b>         | FIRST NAME<br><b>BARBARA</b> | MIDDLE NAME        | SUFFIX                      |                      |
| 12c. MAILING ADDRESS<br><b>7112 SOUTH 228TH EAST AVE.</b> | CITY<br><b>BROKEN ARROW</b>  | STATE<br><b>OK</b> | POSTAL CODE<br><b>74014</b> | COUNTRY<br><b>US</b> |

**UCC FINANCING STATEMENT ADDENDUM - ~~Secured parties~~**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|  |  |  |
|--|--|--|
| 9a. ORGANIZATION'S NAME<br><b>GENERAL MOTORS CORPORATION</b>             |  |  |
| OR<br>9b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME,SUFFIX |  |  |

12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|  |  |                           |  |                      |
|--|--|---------------------------|--|----------------------|
| 12a. ORGANIZATION'S NAME<br><b>CERTIFIED CLASS- CASE NO. 2-07-CV-02142 WBS-GGH, UNITED STATES DISTRICT COURT, EASTERN DISTRICT OF CALIFORNIA</b> |  |                           |  |                      |
| 12b. INDIVIDUAL'S LAST NAME  |  | FIRST NAME                | MIDDLE NAME                                    |                      |
| 12c. MAILING ADDRESS<br><b>300 EVANS AVE.</b>  |  | CITY<br><b>WOOD RIVER</b> | STATE<br><b>IL</b> POSTAL CODE<br><b>62095</b> | COUNTRY<br><b>US</b> |